

HOSPITAL DROP OFF FORM

In order to provide your pet with the best possible medical care, please take a few minutes to fill out this medical history questionnaire. Your pet cannot speak to us, so please give us your most accurate assessment of his or her condition. Your pet is counting on you!

Owner: _____

Pet Name: _____ **Breed:** _____

Best way to contact you: _____ or (email?) _____

1. Brief description of symptoms or reason for drop off:

2. How long have the symptoms been going on? _____

3. Have they occurred previously? _____

4. If so, when? _____

5. Check all that apply to your pets condition:

Appetite: Good____ Fair____ Bad____ None____ Last Fed_____

Drinking: Increased____ Decreases____ Normal____

B.M.'s: Normal____ Hard____ Soft____ Diarrhea____

*If diarrhea, describe consistency?_____ How Long?_____ How Often?_____

Urination: Normal____ Abnormal____

*If abnormal describe:_____

Lethargic: Yes____ No____ *If Yes, How Long?_____ How Often?_____

Vomiting: Yes____ No____ *If Yes, How Long?_____ How Often?_____

Coughing: Yes____ No____ *If Yes, How Long?_____ How Often?_____

Sneezing: Yes____ No____ *If Yes, How Long?_____ How Often?_____

Bleeding: Yes____ No____ *If Yes, How Long?_____ How Often?_____

*If Yes, from where?:_____

Does your pet go out unsupervised? Yes____ No____

Is your pet on any medications? Yes____ No____

*If Yes, what medications?:_____

Any other work to be done while your pet is here?:_____

Additional Comments:_____

If sedation is necessary for treatment or handling, I give permission to the Fine Animal Hospital to administer such medications. All animals entering the hospital must be up to date on vaccinations and free of external parasites (fleas, ticks, etc.) or they will be treated upon entry at owner's expense. I authorize the Fine Animal Hospital to do whatever necessary should an emergency situation arise.

Signed: _____

I authorize Fine Animal Hospital to use my animal's image for their social media outlets. **Initials:** _____